

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00053553</div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>				
Full Name of Payee National Rifle Association of America			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 11 / 2014	
Mailing Address 11250 Waples Mill Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2909.61</div>	
City State Zip Code Fairfax VA 22030		Transaction ID : 61655526 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		
Purpose of Expenditure Salary / Benefits		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Thom Tillis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee National Rifle Association of America			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 11 / 2014	
Mailing Address 11250 Waples Mill Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1553.29</div>	
City State Zip Code Fairfax VA 22030		Transaction ID : 61655527 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>		
Purpose of Expenditure Salary / Benefits		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate David Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4462.90</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Mary Rose Adkins</i>		[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 09 / 12 / 2014		

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NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1109.49</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655532 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Ryan Costello	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1794.46</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655533 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Sen. Mitch McConnell	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: KY State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2903.95</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Mary Rose Adkins

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NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">678.16</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655534 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Daniel Benishek M.D.	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1331.39</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655535 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose David Valadao	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 21 State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2009.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Mary Rose Adkins

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1331.39</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655537 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Stewart Mills	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">665.69</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655538 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Mr. Michael Coffman	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1997.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">665.69</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655540 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rep. Cory Gardner	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1775.18</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655541 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Barbara Comstock	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2440.87</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2534.32</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655542 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose David Perdue	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1348.70</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655543 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose William Southerland II	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3883.02</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1398.18</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655544 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Sen. Mary Landrieu	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2326.15</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655545 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Joni Ernst	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3724.33</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">930.47</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655546 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Steven Daines	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">232.62</div>	
City State Zip Code Fairfax VA 22030	Transaction ID : 61655547 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Salary / Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Christopher Gibson	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1163.09</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY
09 / 12 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address P.O. Box 1467		Amount 970.27	
City Newington	State VA	Zip Code 22122	Transaction ID : 61657831
Purpose of Expenditure Print 4 Color Flyers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate William Cassidy		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address P.O. Box 1467		Amount 485.13	
City Newington	State VA	Zip Code 22122	Transaction ID : 61657833
Purpose of Expenditure Print 4 Color Flyers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Steven Daines		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1455.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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09 / 12 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address P.O. Box 1467		Amount 485.13	
City Newington	State VA	Zip Code 22122	Transaction ID : 61657888
Purpose of Expenditure Print 4 Color Flyers		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Amanda Curtis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tulare County Fair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 215 Martin Luther King Jr. Ave.		Amount 550.00	
City Tulare	State CA	Zip Code 93274	Transaction ID : 61659011
Purpose of Expenditure Booth Rental		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate David Valadao		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1035.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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09 / 12 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 11 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Gulf County Chamber of Commerce		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address P.O. Box 964		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Port St. Joe	State FL	Zip Code 32457	Transaction ID : 61659013 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>
Purpose of Expenditure Booth Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate William Southerland II		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25175.32</div>

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Mary Rose Adkins

[Electronically Filed]

Date

09

12

2014

Signature